

generator_name QUALITY FABRICATION
lc_name: Quality Fabrication, Inc.
lc_calc_volume: 13.8653 tons

manifest_number	manifest_quantity_ton
87084218	1.0425 tons
87084248	0.4587 tons
87084255	0.22935 tons
87109403	0.4587 tons
87114377	0.22935 tons
87114456	0.22935 tons
87506504	0.22935 tons
87506539	0.22935 tons
87506546	0.22935 tons
87506624	0.22935 tons
87506653	0.22935 tons
87506679	0.22935 tons
87506699	0.22935 tons
87506739	0.4587 tons
87506754	0.22935 tons
87507028	0.22935 tons
87507044	0.22935 tons
87507046	0.22935 tons
87507055	0.22935 tons
87507063	0.22935 tons
87507078	0.22935 tons
87507083	0.22935 tons
87507090	0.22935 tons
87507091	0.22935 tons
87507102	0.22935 tons
88181040	0.22935 tons

was 275 gal
was 1.14675 - 1.0425 tons = .10225 tons
now 250 gal

8.34 1/2 gal

88181047	0.4587 tons
88181074	0.22935 tons
88181079	0.4587 tons
88181093	0.22935 tons
88181151	0.22935 tons
88181172	0.4587 tons
88181194	0.22935 tons
88181207	0.43785 tons
88181227	0.4587 tons
88181249	0.22935 tons
88181270	0.4587 tons
88181311	0.68805 tons
88181319	0.4587 tons
88181325	1.3761 tons

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

87084218
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CAD981649213		Manifest Document No. 110111	2 Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address QUALITY FABRICATORS 21045 Osborne, Canoga Park, CA 91304					A. State Manifest Document Number 87084218		
4. Generator's Phone (818) 709-8505					B. State Generator's ID CAD981649213		
5. Transporter 1 Company Name BETTERBILT CHEMICALS, INC.			6. US EPA ID Number CAD981686249		C. State Transporter's ID 803111		
7. Transporter 2 Company Name					D. Transporter's Phone 213-949-0668		
9. Designated Facility Name and Site Address OMEGA RECOVERY 12504 E. Whittier Blvd. Whittier, CA 90602					10. US EPA ID Number ICAD042245001		
					E. State Transporter's ID		
					F. Transporter's Phone		
					G. State Facility's ID		
					H. Facility's Phone 213) 698-0991		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. FLAMMABLE, COMPOUND THINNING LIQUID, N11142				No. 102	Type DR	6ALS	State 213 EPA/Other 0001
b. WASTE 111 TRICHLOROETHANE ORM-A UN 2831				No. 101	Type DR	6ALS	State 213 EPA/Other
c.							State EPA/Other
d.							State EPA/Other
J. Additional Descriptions for Materials Listed Above A. - WASH THINNER					K. Handling Codes for Wastes Listed Above		
					a. 0001	b. 01	
15. Special Handling Instructions and Additional Information GLOVES, GOGGLES							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Michael Wayne Pearson		Signature <i>Michael Wayne Pearson</i>			Month Day Year 10/6/29/87		
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name RICHARD SENTENO		Signature <i>Richard Senteno</i>			Month Day Year 10/6/29/87		
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name		Signature			Month Day Year		
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name John HALTER		Signature <i>John Halter</i>			Month Day Year 10/6/29/87		